

**REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY
OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL**

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD) 20180919	2. NAME (Last, First, Middle) Doe, John, M.	3. SOCIAL SECURITY NUMBER 123-45-6789
4. NEW POSITION TITLE Maintenance Mechanic (MVO)	5. GRADE OR RATING WG-9	6. RETIREMENT CODE <i>(Insert retirement code from Block 30 of employee's most recent SF-50. If unknown, employee should contact their servicing personnel office.)</i>
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE 1995 Your Current Street Your Current Town, OR 97501		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION HQ Garrison, Fort Greely P.O. Box 31269 Fort Greely, Alaska 99731

9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD) o/a 20181028		
10. TRAVEL PURPOSE <input type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION <input checked="" type="checkbox"/> OTHER NEW HIRE	11. TRANSPORTATION MODE <input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> POC <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> RAIL <input type="checkbox"/> AIR MILEAGE RATE: \$ IAW JTR	12a. PER DIEM FOR EMPLOYEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. PER DIEM FOR DEPENDENT(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ACTUAL EXPENSE <input type="checkbox"/> FIXED	14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ACTUAL EXPENSE <input type="checkbox"/> FIXED	15a. HOUSEHOLD GOODS (HHG) SHIPMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO COMMUTED RATE <input checked="" type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)
b. NUMBER OF DAYS (Including travel)	b. NUMBER OF DAYS AUTHORIZED	b. NET WEIGHT AUTHORIZED 18,000 lbs

16. OTHER AUTHORIZED EXPENSES <input checked="" type="checkbox"/> TEMPORARY STORAGE OF HHG <input checked="" type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> RELOCATION SERVICES <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> UNEXPIRED LEASE <input checked="" type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> MISCELLANEOUS EXPENSES <input checked="" type="checkbox"/> TRAVEL ADVANCE AUTHORIZED (Amount) \$ IAW JTR	17. DEPENDENT TRAVEL <input type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input checked="" type="checkbox"/> NOT AUTHORIZED
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18a. DEPENDENT TRAVEL FROM (Home Address) N/A	b. TO (New PDS) N/A
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19. DEPENDENTS		
a. NAME (Last, First, Middle Initial) //Nothing Follows//	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)

20. ESTIMATED COST				21. TRANSPORTATION AGREEMENT	
a. PER DIEM \$ 1,287.70	b. TRAVEL \$ 0.00	c. OTHER \$ 27,111.66	d. TOTAL \$ 28,399.36	SIGNED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE SIGNED (YYYYMMDD) 20180830	

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

22. ACCOUNTING CITATION 021 2020 (Your Line of Accounting will be here); 12A4 (RITA); 21P0 (Per Diem/Mileage); 2578 (Temp Storage); 12Q0 (FICA); 22NL (HHG); 2575 (Non-Temp Storage)
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23. APPROVING OFFICIAL a. TITLE Resources, Human, R. Director, Resource Management	b. SIGNATURE Human R. Resources
24. AUTHORIZING/ORDER-ISSUING OFFICIAL a. TITLE Boss, Theodore, A. Deputy Commander	b. SIGNATURE Theodore A. Boss
c. ORGANIZATION ADDRESS HQ Garrison, P.O. Box 31269, Fort Greely, Alaska 99731	
25. TRAVEL AUTHORIZATION NUMBER 562518	26. DATE ISSUED (YYYYMMDD) 20180919

PRIVACY ACT STATEMENT

(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Losing/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

By mail: DFAS Rome, ATTN: Travel, 325 Brooks Road, Rome, NY 13441-4527

By email: dfas.rome.jft.mbx.civrelo-vouchers@mail.mil

By Travel Voucher Direct located on the DFAS website at www.dfas.mil

28. REMARKS OR OTHER AUTHORIZATIONS *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

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The Travel and Transportation Reform Act (TIRA) of 1998 stipulates that the GTCC must be used by all U.S. Govt personnel (civilian and military) to pay for cost incident to official business travel unless specifically exempted by authority of the Administrator of General Services or the head of the agency. (JTR Vol II, App I. Part 3). However, the Traveler IS NOT a GTCC Holder. Airfare Transportation will be charged to this PCS document. Airfare Transportation IS NOT reimbursable to the traveler. Transportation MUST BE arranged through a Govt Travel Office.

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A. Emergency POC name, telephone and address: [Emergency POC and contact information listed]

B. Employee authorized one way travel from [Current Home of Record] to FORT GREELY, AK

C. Unaccompanied baggage NTE 350 lbs is authorized.

D. Employee will be considered in a duty status for usual time consumed in travel between authorized points by authorized modes. Selection of an indirect route for personal reasons will not increase per diem.

E. A voucher for payment of authorized expenses will be submitted to DFAS (see block #27 above) within five days after entitlement is completed. Receipts for all lodging expenses will be obtained and filed with your claim for payment of per diem and travel.

F. Employee will depart from [Current Home of Record] to FORT GREELY, AK on or about 22 Oct 2018.

G. Reimbursement will be limited to the POV reimbursement rate via the Defense Table of Distances.

H. Temporary storage of HHG NTE 90 days is authorized. Any additional days needed beyond the initial 90 must be requested in writing through your Chain of Command justifying the need by citing compelling reasons.** Give yourself enough time to get the request in for the extension.

// Nothing Follows //